STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

AUG 09 2017

RECEIVED

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist	(s) Christop	ner Hoolgd	lon			
II. Name of lobbyist	's partnership, firm o	or corporation, if an	y:			
_ Comea	S+ NBC U	r corporation)				
54 Res in Business Address (S	inal Drive	(Town/City)	V.K. (State)	<u> </u>	23301 (Zip Code)	
(60) 628-738 (Telephone)	0 ()(Fax)	c-mail <u>C</u>	nris_Hold	lind come	est.com
	overs: (Choose one – ransactions which ar		s for each client, OR y any one client).	you may file a :	separate report f	ır
All reportable tran	nsactions occurring in	the months prior to th	ne reporting date relativ	e to the follow	ing client:	
			byist Registration Form)			
OR	,		.,,			
All reportable tran unrelated to any partic		st (including the lobb	yist's family), or the lo	bbying firm lis	ted below which a	ге
IV. Date of Report Reports cover: activ	April 26, 2017	tion to 3/31/17	July 26, 2017 activity from 4/1/17 to 6			
	October 25, 2017 activity from 7/1/17 to		January 31, 201 activity from 10/1/17 to			
			transactions made si Secretary of State's Of			
	nal reports are attach					
			e Addendum A–Fccs			
If you have paid a Expense Reimbursem		bursed expenses, you	must file Addendum	B – Report of H	onorariums or	
·		ede political contribut	tions, you must file Ad	dendum C Po	litical Contributio	ns
I have read RSA 15, I	firmation by Lobbyi RSA 15-B, RSA 14-C est of my knowledge a	and RSA 664 and her	reby swear or affirm tha	at the foregoing	information is tru	ie
10x			8-4-20	17		
Signature of lobbyis	t)			(Date)		
(Print Name of John	ist) Hodges					

P L E

c) Total of all itemized expenditures reported in detail in section VI.

STATE OF NEW HAMPSHIRE



I. Name of Lobbyist(s) Christopher Hodgdon

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
Comeast NBC Univaded (Name of partnership, firm or corporation)	
III. Name of Client Concest NBCUnwesel	Date 8-4-2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified abov to lobbying, including fees for services such as public advocacy, governmer including research, monitoring legislation, and related legal work. The greduced by any expenses:	it relations, or public relations services
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ <u>23,300</u> /car)
c) Total of all fees received to date (Add lines a and b)	c)s 46,000
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office of individual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lobeing lobbied, purchase of a ceremonial object given to a person being lobbied (e) an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with value great restaurant expenses for a legislative reception). Expenses for honorarium contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm, he aggregate total of all expenses paid expenses; (b) the aggregate total of all ble: meals purchased during a business less than \$10 that is given to the person led with a value of \$25.00 or less); and forting period of greater than \$25.00 for lue of greater than \$25, purchase of a ler than \$25, but not greater than \$50, s, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
 b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. 	b) 5 741 (mileger trans reimboxems)
a) Total of all itemized expenditures reported in detail in section VI	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$_741
c) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	c) \$ 425
f) Total of all expenses year to date	ns i) ii
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist)	8-4-2017 (Date)
Christopher Hollo (Print Name of lobbyist)	(Dute)

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

1. Name of Lobbyist(s) <u>Ch</u>	ristopher He	dela	
2 II. Name of lobbyist's partne		_	
Comest UB			
III. Name of ClientCom	cast NBCL	burdel	Date 8-4-70,7
Political Contributions For each political contribution client/lobbyist and lobbying f			er 664 paid on behalf of the
Full name of candidate:	บทบทบ	Chris	
			_
Amount of contribution \$/	000	Office Candidate is	Seeking (FOURTHOR
enter an estimated value and the			tion. If the actual cost is not known,
Full name of candidate:	CLast Name)	First Name)	(Middle Name/Initial)
Amount of contribution \$2	500-	Office Candidate is	Seeking Leadership DAC
If the contribution is an in-kind of	contribution, provide a cution on the line above	description of the goods	s or services provided, and enter the tion. If the actual cost is not known,
Full name of candidate:	(Last Name)	David (First Name)	(Middle Name/Initial)
Amount of contribution \$ 5	DO-	Office Candidate is	Seeking State denate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known,							
enter an estimated value and the word "estimate."							
(If more than three contributions were made, report additional contributions on separate addendum C forms.)							
Sworn Statement/Affirmation by Lobbyist							
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.							
(Signature of lobbyist) 8-4-2017 (Date)							
(Signature of lobbyist) (Date) Christopher Hodylon (Print Name of lobbyist)							